

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE**  
**DIVISION OF PUBLIC HEALTH ASSURANCE – RADIOACTIVE MATERIAL PROGRAM**

**TRANSFERS OF INDUSTRIAL DEVICES REPORT**  
(Continue on Form NRH 653, 653A or 653B, as appropriate)

NAME OF VENDOR	REPORTING PERIOD	
	FROM	TO
LICENSE NUMBER:		

**For each "person" to whom a device(s) has been transferred during the reporting period, supply the following:**

INTERMEDIATE PERSON (if any)			
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE USER INFORMATION	
NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)
DEPARTMENT	
NAME OF RESPONSIBLE INDIVIDUAL	
TITLE OF RESPONSIBLE INDIVIDUAL	

INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS

INTERMEDIATE PERSON (if any)			
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	INDIVIDUAL TITLE OF RESPONSIBLE	TELEPHONE

GENERAL LICENSE USER INFORMATION	
NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)
DEPARTMENT	
NAME OF RESPONSIBLE INDIVIDUAL	
TITLE OF RESPONSIBLE INDIVIDUAL	

INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE**  
**DIVISION OF PUBLIC HEALTH ASSURANCE – RADIOACTIVE MATERIAL PROGRAM**

**TRANSFERS OF INDUSTRIAL DEVICES REPORT  
(TO GENERAL LICENSEES)**

**INTERMEDIATE PERSON (if any)**

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)
DEPARTMENT	
NAME OF RESPONSIBLE INDIVIDUAL	
TITLE OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS

**INTERMEDIATE PERSON (if any)**

NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	INDIVIDUAL TITLE OF RESPONSIBLE	TELEPHONE
-----------------------------	--------------------------------	---------------------------------	-----------

**GENERAL LICENSE USER INFORMATION**

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)
DEPARTMENT	
NAME OF RESPONSIBLE INDIVIDUAL	
TITLE OF RESPONSIBLE INDIVIDUAL	
TELEPHONE	

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE**  
**DIVISION OF PUBLIC HEALTH ASSURANCE – RADIOACTIVE MATERIAL PROGRAM**

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEE)**

**For each "person" to whom a device(s) has been transferred during the reporting period, supply the following:**

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER

MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)

DEPARTMENT

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER

MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)

DEPARTMENT

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER

MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)

DEPARTMENT

**INFORMATION ON DEVICE(S) TRANSFERRED**

DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY & UNITS

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE  
DIVISION OF PUBLIC HEALTH ASSURANCE – RADIOACTIVE MATERIAL PROGRAM**

**TRANSFERS OF INDUSTRIAL DEVICES REPORT (LABEL CHANGES)**

**For each device for which required label information has been changed, supply the following::**

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)
DEPARTMENT	

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)
DEPARTMENT	

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS

**GENERAL LICENSEE USER INFORMATION**

NAME OF GENERAL LICENSEE USER	MAILING ADDRESS AT THE LOCATION OF USE (No. P.O. Boxes, include Zip Code)
DEPARTMENT	

**INFORMATION ON DEVICE(S) RECEIVED**

TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIAL NUMBER	NEW SERIAL NUMBER	PREVIOUS ISOTOPE	NEW ISOTOPE	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS